Keeping the Promise of TRICARE Prime

The Health Care Monitor

Volume 5, Issue 7

July 2002

Inside this Issue

TRICARE

Northwest Health Net

TRICARE Northwest

(above)
MADIGAN ARMY MEDICAL CENTER—A change of command ceremony was held here June 7. *(U.S. Army Photo By: Chris Hober)*

(left)
MCCHORD AFB—Col. Steven H. Regner accepts the 62nd Medical Group Regimental Flag from Col. Paul J. Selva (wing commander) to accept command of the unit. *(U.S. Army Photo by Susie Stevens)*

Change of command

By: Sharon D. Ayala
MAMC Public Affairs

Brig. Gen. Michael A. Dunn assumed command of the Western Regional Medical Command and Northwest Lead Agent from Maj. Gen. Kenneth Farmer, Jr. during a change of command ceremony conducted June 7, at Madigan Army Medical Center.

Prior to the assumption of command ceremony, Dunn was frocked to the rank of brigadier general, and his predecessor, Maj. Gen. Kenneth Farmer Jr, was also frocked.

In his new position, Dunn will take over the Lead Agent, which includes the military treatment facilities, as well as the TRICARE network in Washington, Oregon and the six northernmost Idaho counties.

As the WRMC commander, Dunn will have command oversight of the Army Medical facilities in Calif., Nevada, Idaho, Oregon, Washington and Alaska.

As the guest speaker at the ceremony the U.S. Army Surgeon General Lt. Gen. James Peake, said that he could not think of a better officer than Dunn to continue the kind of confident, capable, positive leadership that the region has had under the leadership of Farmer.

Command Sergeant Major James E. Clifford (left) provides stars to pin on newly frocked Western Region Medical Commander and TRICARE Northwest Lead Agent BG Michael A. Dunn, as U.S. Army Surgeon General LTG James Peake and Mrs. Grace Dunn pin them on. *(U.S. Army Photo By: Gary Toombs)*

"Mike has the full spectrum of assignments. From an Army medical department officer to division surgeon to key staff responsibilities for the Office of The Surgeon General and Department of the Army staffs," Peake said. "He's also one of our two acknowledged experts on the contemporary issue of combat casualty care."

Prior to his current assignment, Dunn served as the commander of the Walter Reed Health Care System in Wash. D.C. where he was responsible for the health of 260,000 soldiers, family members and retirees in the National Capital area.

As the region's newest commander, Dunn said that his focus will be on measuring and improving the outcomes of care for serious common conditions.

"We are a results-oriented nation. We are a results oriented Army," he said.

"That's how we win. Outcomes do matter. We owe it to soldiers and families and we will succeed."

Dunn, whose father commanded a battalion at Fort Lewis many years ago, is no stranger to the Pacific Northwest or Madigan.

"I thank God and my parents. Col. Andrew Dunn commanded a battalion when I was born here at Madigan, and Rose Dunn, a soldier's wife, sustained us, just as Grace Dunn, my wife, now gives meaning and heart to all that I do."

Military blood drive

By: Naval Hospital Oak Harbor Public Affairs

Did you know that the military is tasked with collecting enough blood to supply its own day-to-day needs? Did you know that your donation goes to support the healthcare of your fellow military members and your dependents?

The Department of Defense has established the Armed Services Blood Program (ASBPO) to act as a military version of the American Red Cross, collecting, processing, and distributing blood. The ASBPO is made up of Navy, Army, and Air Force units that operate in each TRICARE Region. In the Pacific Northwest, the Madigan Army Donor Center is tasked with collecting and supplying all three services' needs. They have supplied NAS Whidbey Island with over 500 units of blood in the last year; this support has made possible Naval Medical Mobilizations, treatment of trauma victims, treatment of anemia (low blood iron), elective surgery, and ensured an "on-hand" supply for emergencies.

Blood is a precious product, but it has a short shelf life (currently, only 32 days). It must be constantly replaced.

SAN DIEGO, Calif. (Jan. 30)--Coast Guard Cutter Tybee participates in vertical insertion training with HH-60J helicopter pilots and tactical law enforcement team members on January 30 in San Diego harbor. USCG photo by PA2 CC Clayton

The tragedy of September 11th, has underscored the continued need for blood. So many people have already graciously given, but the need never diminishes. We ask that you consider giving again – you could save your shipmate or family member's life.

Madigan's Army Blood Donor Center came to Whidbey Island in June. Questions regarding future blood drives or where to go now if you want to donate blood may be directed to Lt. Todd Tetreault, MSC, USNR at (360)257-9683.

Please take the time to give – It's simple, quick and it means so much.

Babies benefit by being born Navy

By: Judith Robertson
Naval Hospital Bremerton Public Affairs Office

"Our hospital is simply setting the pace for the community on this important program," said Jim O'Hara, clinical audiologist in the Naval Hospital's Otolaryngology department. O'Hara was referring to the Infant Hearing Screening program that has been in place at the Naval Hospital for over two years. But early detection of hearing impairment is only one of the

Father's Day is any day a new Dad greets his daughter for the first time, as this sailor discovers returning from a six-month deployment to the Middle East. "We are interested in the best possible care for our military families," NHB Commanding Officer Capt. Christine Hunter explains, underscoring her hospital's commitment to relieve deployed sailors of worries about their family's health. *(U S. Navy photo by Photographer's Mate 2nd Class Michael Sandberg).*

(story continued on page 6)

Patient care focus of research competition

By Judith Robertson
Naval Hospital Bremerton Public Affairs Office

Doctors are not known for having copious free time. But the common stereotype of doctors spending all their leisure time on golf courses was dispelled June 7, when some examples of 'extracurricular activity' were presented at the Naval Hospital's second annual Clinical Research and Performance Improvement Symposium. Sixteen different research projects were demonstrated in the areas of Clinical Research, Performance Improvement and Case Studies.

The presentations were judged by the hospitals' Commanding Officer Capt. Christine Hunter, MC; Executive Officer Capt. Patrick Kelly, MSC; Nancy Stevens, MD, MPH, Univ. of Washington School of Medicine; and Lt. Cmdr. John O'Boyle, MC, USN, Madigan Army Medical Center.

"Throughout the year at Naval Hospital Bremerton we focus on serving our patients," Hunter said. "This summer, we are highlighting our efforts to promote quality and patient safety. It is important to create a balance between service to our patients now and creating opportunities for research and study by our staff that will contribute to the best possible care for our patients in the future.

Research pays off at Naval Hospital. Winners of the 2nd Annual Clinical Research and Performance Improvement Symposium presentations at the Naval Hospital June 7 are Lt. Cmdr. Michelle Gasper, MC; Lt. Cmdr Mark Flynn, MC, and Lt. Angela Droz, MC. *(U.S. Navy Photo by: Judith Robertson)*

"Today's Clinical Research and Performance Improvement Symposium provides an opportunity for our staff to showcase the research and performance improvement projects they have been involved in and be judged on their work. Many of these projects will be highlighted at medical conferences throughout the year and several individuals have already had their work nationally recognized," Hunter concluded.

The day-long event, gave audiences an indication of the extensive research being conducted in many areas of the hospital. The presentations varied from studies evaluating obesity in children, assessing the outcome of joint replacement procedures, comparing peak performance times by gender and age in the Navy physical readiness test, evaluating gestational diabetes in women after delivery, and an examination of the enrollment procedure to a primary care manager.

According to Flynn, the Research Day, initiated last year, provides information that could be adapted for use in other clinics, and case reports that should provoke curiosity and awareness of conditions that might otherwise be overlooked.

The winners of the competition are Lt. Cmdr. Michele Gasper, MC, pediatric staff physician for her Performance Improvement submission, "Diagnosis and Treatment of Otitis Media;" Flynn, a faculty member in the Naval Hospital's Puget Sound Family Medicine Residency program, for his Case Report "Cat-Scratch Disease Encephalopathy as a Cause of Recalcitrant Seizures in Children;" and Lt. Angela Droz, MC, family practice resident (partnered with Dr. Sausanne Krasovich, MD, staff physician), for their Performance Improvement study "Patient Preferences for Notification of Laboratory Results."

Fleet Hospital Bremerton flexes medical muscle

By JO1(SW) Stacey Moore
Photos by: PH3 Rachel Bonilla
Naval Hospital Bremerton Public Affairs

Fleet Hospital Bremerton held a casualty exercise last week at fleet hospital training site on the Naval Hospital campus. The CASEX was geared toward familiarizing new and inexperienced fleet hospital staff with the equipment, capabilities and patient flow of the fleet hospital.

The staff used the realistic scenario of a deployment to Pakistan to provide a medical evacuation staging platform and surgical support for smaller medical units operating along the Pakistan-Afghanistan border in support of "Operation Snipe."

In the scenario stabilized patients would arrive at FHB from the first echelon medical assets (field aid stations at the front lines) in southeast Afghanistan for further assessment and treatment before air transport to a ship.

"My emphasis is on giving people on the wards the opportunity to perform at fleet hospital," said Chief Hospital Corpsman Anthony Zilar, the coordinator of the exercise. He said there is some reality to the possibility of FHB being staged as a medevac platform.

While Naval Hospital's medical personnel maintain their patient treatment skills by using them on a daily basis, those who are on the FHB platform require special training with realistic scenarios to sharpen and im

(Continued on page 6)

(Above) HN Crystal Ulrey, working for the patient administration side of fleet hospital, begins the paper trail that will follow the wounded patient through each stop in the fleet hospital. This allows accurate tracking of the patient through each step of treatment until the patient leaves fleet hospital.

Fleet Hospital Bremerton staff gather around a wounded patient to assess her injuries and evaluate her condition. Triage is the first step in the process that takes them from entry to the fleet hospital to surgery or the ward.

(Continued from page 5)
prove their field hospital skills.

"Preparedness. The objective was to expose the people to the fleet hospital, those who have not had exposure," said Zilar.

That included training on the kind of patient treatment appropriate to the type and severity of injuries and the coordination of patient flow to quickly move the patients through all required stages of assessment and treatment to ward admission or evacuation.

In mid-exercise, with the FHB settling into a routine of admitting and treating patients that were already stabilized, the scenario changed gears. Several Marines from a vehicle accident were brought in with no prior treatment or stabilization. They were fresh out of the field.

"I wanted to be able to overload the ward," said Zilar of the change in tactics. "We try to focus on the possibility, on the what ifs." He emphasized the need for the staff to be able to handle sudden changes in patient types and numbers.

"This training, the scenarios they take are from what happens out there. We can go along smoothly if we ever deploy," said Hospital Corpsman 3rd Class Carlos Francois.

"It can happen, an overnight thing, fleet hospital being called. Going to this training, you're there," said Hospital Corpsman 1st Class Ronald Piansay. "If you don't go to this training, you'll be scrambling."

"It turned out to be a pretty good CASEX. We can improve, but the primary objective is to get a general understanding of patient flow through a field hospital.," said Zilar after the exercise. "I saw a lot of training going on, and that was fantastic."

(Continued from page 3)
infant screening tests done on all babies born at the Naval Hospital. Of 10 tests for birth defects or serious medical conditions recommended by the experts at March of Dimes, the Naval Hospital conducts eight, while many states are still struggling to obtain funding for similar programs.

The newborn hearing testing began when staff at the Naval Hospital pushed for it because it was the "right thing to do," according to O'Hara. "Initial impetus for this project was the 1993 National Institutes of Health consensus statement recommending that all newborns be screened for hearing loss. This was followed in 1994 by a position statement from the nation-wide Joint Committee on Infant Hearing (made up of Otolaryngology, Pediatrics, and Audiology communities) with a strong endorsement from former U.S. Surgeon General C. Everett Koop, MD. At that time three states were screening all babies, now 32 states require screening."

(From left) HN Susan Miller, a labor deck corpsman, watches the monitor while Naval Hospital Audiologist Jim O'Hara (r.) explains the Infant Hearing Screening procedure being done on new born Rebecca to her father, HM2 Gary Chambers. *(U. S. Navy Photo by: HM2 Julie Jorgensen)*

On May 8 the Washington State Board of Health accepted recommendations to add hearing tests and five blood tests to its current list of four that are administered to every child born in Washington.

"We are interested in the best possible care for our military families," said Naval Hospital Commanding Officer Capt. Christine Hunter, MC. "It is in keeping with our command initiative on caring, for life and patient-focused care, and so we are offering extensive newborn testing even before it becomes law."

Naval Hospital Bremerton has been routinely providing most of these screenings to every new born for approximately 10 years. Infant Hearing Screening was added in August 2000. The other infant tests performed routinely at Naval Hospital Bremerton are:

* Phenylketonuria, commonly referred to as PKU. Incidence: 1 baby in 12,000.
* Hypothyroidism. Incidence: 1 baby in 4,000.
* Galactosemia. Incidence: 1 baby in 50,000.
* Maple Syrup Urine Disease. Incidence: 1 baby in 250,000.
* Biotinidase Deficiency. Incidence: 1 baby in 70,000.
* Hemoglobinopathies (Sickle Cell Anemia). Incidence: 1 baby in 400 (mainly among African-Americans).

* Congenital Adrenal Hyperplasia. Incidence: 1 baby in 5,000.